

**STATE OF LOUISIANA  
OFFICE OF FINANCIAL INSTITUTIONS  
BATON ROUGE, LOUISIANA**

**APPLICATION AND INSTRUCTIONS FOR THE FOLLOWING LICENSES  
UNDER THE LOUISIANA CONSUMER CREDIT LAW**

**LICENSED LENDER  
INSURANCE PREMIUM FINANCE COMPANY  
DEFERRED PRESENTMENT AND SMALL LOANS**

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All of the following information must be submitted before this application will be accepted for filing and processing:

- A \$550 cashier's check or money order payable to the Office of Financial Institutions.
- Completed, signed, and notarized Uniform Application with all attachments.

**The following attachments must be originals:**

1. The original letter from your primary bank certifying that the applicant has at least \$25,000 unencumbered cash in the bank. A line of credit with at least \$25,000 unfunded credit is acceptable.
  2. Completed, signed Request to Expedite Issuance of License (if applicable). **Attachment [E]**
  3. Agent for Service of Process and Acknowledgement, signed and notarized. **Attachment [F]**
- Sample promissory note and federal disclosure statement for each type of loan made. **Attachment [G]**
  - Completed Contact for Site Survey. **Attachment [H]**
  - Financial Statement including balance sheet and statement of income and expenses signed by an officer of the company.
  - **If planning to engage in any brokering activity in addition to consumer lending, applicant must submit disclosures required by 9:3572.11(A-B), a copy of the loan brokerage agreement between broker and borrower, affirmation agreement, employee verification form, and an authority to obtain information form for each person brokering loans. Contact this office for the forms.**

It is a violation of Louisiana Consumer Credit Law to advertise or make loans before the application is approved and a license is issued. If you intend to take assignments of consumer loans before your license is issued, prior written permission must be obtained from the Office of Financial Institutions. You may not take assignments of or otherwise acquire insurance premium finance agreements without first having obtained a license as an insurance premium finance company from the commissioner.

**It is a violation of state law to operate before this license is issued. Operating prior to that time may subject you to an enforcement action.**

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**Contact person regarding this application: Sandra Ledoux (225) 922-0638**

**Applications may be hand delivered or mailed to:**

**Office of Financial Institutions  
8660 United Plaza Blvd – 2<sup>nd</sup> Floor  
Baton Rouge, LA 70809**

**Office of Financial Institutions  
P. O. Box 94095  
Baton Rouge, LA 70804-9095**

## INSTRUCTIONS

### UNIFORM APPLICATION FOR LICENSURE/REGISTRATION

**This application will not be considered complete until this Office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.**

- No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State from the state in which you are applying.
- No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of registration filed with the proper state authority in which the applicant is applying (e.g. Secretary of State) (In the city of New Orleans file with the register of conveyance).
- No. 3 Street address of the office location that will appear on the face of the license. (For Consumer Lender licenses this is the location at which loans will be made.)
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Out-of-state applicants must submit documentation evidencing that your company/entity is authorized to do business in the state in which you are applying. (Registration Certificate from the proper authority such as the Secretary of State)
- No. 9 Please note: In order to maintain records detailed in the Records Retention Schedule at a different location than the physical address of the licensed location, it is necessary to submit a written request and be granted a variance to our Records Retention Schedule. If this address differs from the address listed in #1, this office will still assume all records listed in the Records Retention Schedule will be available at the licensed location.
- No. 10 Self-explanatory
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in the state in which you are applying.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar mortgage business.
- No. 16 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner and all 10% or greater equity owners. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, or limited partners that own equity in the business seeking licensure. If applicant is a subsidiary, list requested information for parent company.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

**ALL ATTACHMENTS MUST BE SUBMITTED**

| REVISED<br>08/10/2004 | UNIFORM APPLICATION<br>FOR LICENSURE/REGISTRATION                                                                                                                                                          |                                                                                                  |                                                                                                    | TYPE OF LICENSE APPLIED<br>FOR: |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|
| 1.                    | Full legal name of applicant <i>(attach secretary of state certificate from the state in which you are applying)</i> :                                                                                     |                                                                                                  |                                                                                                    |                                 |
| 2.                    | Trade name, dba, or assumed name of applicant, if applicable:<br><i>(attach registration documentation/certificate)</i>                                                                                    |                                                                                                  |                                                                                                    | FED. TAX I.D.#:                 |
| 3.                    | Principal Office Street Address:                                                                                                                                                                           |                                                                                                  |                                                                                                    |                                 |
|                       | City:                                                                                                                                                                                                      | State:                                                                                           | Zip Code:                                                                                          |                                 |
| 4.                    | Mailing address (street or post office box):                                                                                                                                                               |                                                                                                  |                                                                                                    |                                 |
|                       | City:                                                                                                                                                                                                      | State:                                                                                           | Zip Code:                                                                                          |                                 |
| 5.                    | Business phone number:                                                                                                                                                                                     |                                                                                                  | Business fax number:                                                                               |                                 |
|                       | E-mail address:                                                                                                                                                                                            |                                                                                                  | Web site: www.                                                                                     |                                 |
| 6.                    | Type Of Organization:<br><input type="checkbox"/> Corporation<br><br><input type="checkbox"/> Limited Liability Company (LLC)                                                                              | <input type="checkbox"/> Sole Proprietorship<br><br><input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Other (Explain) |                                 |
| 7.                    | State/Commonwealth of Incorporation:                                                                                                                                                                       |                                                                                                  | Date of Incorporation/Organization:                                                                |                                 |
| 8.                    | If a foreign corporation or other type of legal entity state the date that the entity filed with the proper state authority in which the applicant is applying. (e.g. secretary of state), if so required: |                                                                                                  |                                                                                                    |                                 |
| 9.                    | Physical address of location at which the official books and records of the applicant are kept:                                                                                                            |                                                                                                  |                                                                                                    |                                 |
|                       | City:                                                                                                                                                                                                      | State:                                                                                           | Zip Code:                                                                                          | Phone No:                       |
| 10.                   | Does applicant engage in <u>any activity</u> through electronic or automated mediums, such as the internet?<br>( ) If yes, attach description of activity and web site address<br><br>( ) No               |                                                                                                  |                                                                                                    |                                 |
| 11.                   | Registered agent for service of legal process:<br><i>(must be located in state/commonwealth in which you are applying)</i>                                                                                 |                                                                                                  |                                                                                                    |                                 |
|                       | Name:                                                                                                                                                                                                      |                                                                                                  |                                                                                                    |                                 |
|                       | Mailing Address:                                                                                                                                                                                           |                                                                                                  |                                                                                                    |                                 |
|                       | City:                                                                                                                                                                                                      | State:                                                                                           | Zip:                                                                                               | Phone Number:                   |
| 12.                   | Person authorized to answer questions pertaining to this application:                                                                                                                                      |                                                                                                  |                                                                                                    |                                 |
|                       | Name:                                                                                                                                                                                                      |                                                                                                  |                                                                                                    |                                 |
|                       | Address:                                                                                                                                                                                                   |                                                                                                  |                                                                                                    |                                 |
|                       | City:                                                                                                                                                                                                      | State:                                                                                           | Zip Code:                                                                                          | Phone No:                       |
|                       | E-Mail Address:                                                                                                                                                                                            |                                                                                                  | Fax No:                                                                                            |                                 |

|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|-----------------------|--------------------|
| 13.                                                                           | Person authorized to answer regulatory compliance issues:                                                                             |                            |                                                              |                       |                    |
|                                                                               | Name:                                                                                                                                 |                            |                                                              |                       |                    |
|                                                                               | Address:                                                                                                                              |                            |                                                              |                       |                    |
|                                                                               | City:                                                                                                                                 | State:                     | Zip Code:                                                    | Phone No:             |                    |
|                                                                               | E-Mail Address:                                                                                                                       |                            | Fax No:                                                      |                       |                    |
| 14.                                                                           | Person authorized to answer consumer complaints:                                                                                      |                            |                                                              |                       |                    |
|                                                                               | Name:                                                                                                                                 |                            |                                                              |                       |                    |
|                                                                               | Address:                                                                                                                              |                            |                                                              |                       |                    |
|                                                                               | City:                                                                                                                                 | State:                     | Zip Code:                                                    | Phone No:             |                    |
|                                                                               | E-Mail Address:                                                                                                                       |                            | Fax No:                                                      |                       |                    |
| 15.                                                                           | List all states in which applicant is conducting or has conducted business related to this application:<br>(attach list if necessary) |                            |                                                              |                       |                    |
|                                                                               | State or states in which business is/was conducted                                                                                    | Type of business conducted | Names under which applicant <u>is</u> or <u>has</u> operated | Original license date | Active or Inactive |
|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
|                                                                               |                                                                                                                                       |                            |                                                              |                       |                    |
| 16.                                                                           | List all principal officers and title held, directors, partners, and members. (attach addendum if necessary)                          |                            |                                                              |                       |                    |
| Name & Title                                                                  |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name & Title                                                                  |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name & Title                                                                  |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name & Title                                                                  |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name & Title                                                                  |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| List all persons that have a 10% or greater equity interest not listed above. |                                                                                                                                       |                            |                                                              |                       |                    |
| Name                                                                          |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name                                                                          |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |
| Name                                                                          |                                                                                                                                       | Principal Office Address   |                                                              | % Ownership           |                    |

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                             |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|
| 17.                                                                                      | Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                             |
| A.                                                                                       | Are there any civil or criminal proceedings pending against the applicant <u>or</u> civil or criminal convictions, plea of nolo contendere or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude?                                                                                                                                                                                                                                                                                                                                                                                            | ( ) Yes, attach explanation<br>( ) No |                             |
| B.                                                                                       | Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ( ) Yes, attach explanation<br>( ) No |                             |
| C.                                                                                       | Has any other state or federal government agency denied the applicant a license?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ( ) Yes, attach explanation<br>( ) No |                             |
| D.                                                                                       | Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, or the revocation or suspension of any business license or permit?                                                                                                                                                                                                                                                                                                                                                                                                                          | ( ) Yes, attach explanation<br>( ) No |                             |
| 18.                                                                                      | Is applicant a subsidiary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
|                                                                                          | Parent company name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                             |
|                                                                                          | Mailing address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                             |
|                                                                                          | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State:                                | Zip Code:                   |
|                                                                                          | If applicant's parent company is a corporation, state where and when incorporated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                             |
|                                                                                          | State Incorporated:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date Incorporated:                    |                             |
| <b>IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                             |
| A.                                                                                       | Certificate of Resolution form stating who can sign official documents on behalf of the applicant.(See Attachment A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                             |
| B.                                                                                       | Biographical / Authority Sheet completed and notarized for everyone listed in #16.(See Attachment B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                             |
| C.                                                                                       | A current 10-year employment/experience form for everyone listed in #16 and sole proprietors.(See Attachment C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                             |
| D.                                                                                       | Residence addresses for the last 10 years for everyone listed in #16.(See Attachment D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                             |
| E.                                                                                       | Provide copies of the following, whichever are applicable: <ol style="list-style-type: none"> <li>1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized.</li> <li>2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments.</li> <li>3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization and operating agreement.</li> <li>4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership Agreement.</li> </ol> |                                       |                             |

# APPLICATION AFFIDAVIT

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Company

By:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title

\*\*\*\*\*

STATE OR COMMONWEALTH OF \_\_\_\_\_  
COUNTY /PARISH OF \_\_\_\_\_

\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)  
notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)  
\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)  
application and that all statements and representations made therein are true and correct to the best of  
his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of the authorized person

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_

## CERTIFICATE OF RESOLUTION

*This form must be completed by all applicants, except sole proprietors, and must include the applicant's full name, including trade name(s), DBA name(s), or assumed name(s), if applicable.*

This is to certify that at a ☐ Regular or ☐ Special meeting of the ☐ Board of Directors/or ☐ Members/ or ☐ Partners of \_\_\_\_\_  
Name of applicant/company  
organized under the laws of the State / Commonwealth of \_\_\_\_\_ held at  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street address City State Zip Code  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of \_\_\_\_\_  
Name of applicant/company  
to be licensed or registered, BE IT RESOLVED, that \_\_\_\_\_  
Name of authorized representative  
who is the \_\_\_\_\_ of this ☐ limited liability company, ☐ corporation,  
Title of authorized person  
☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized  
and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written  
application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign  
and execute all documents pertaining to the application and to perform every act whatsoever as required to  
file the application on behalf of \_\_\_\_\_  
Name of applicant/company

### AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

\_\_\_\_\_  
Print Name

TITLE : \_\_\_\_\_

DATE: \_\_\_\_\_

**Attachment [B]****AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****THIS FORM MUST BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16**

Name:

Social Security #:

Home Address, City, State, Zip Code:

Date of Birth:

Home Telephone No:

Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgement amounts.

Have any civil judgments been entered against you during the past 10 years?

( ) Yes, attach explanation ( ) No

Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?

( ) Yes, attach explanation ( ) No

Have you been convicted of or entered a plea of Nolo Contendere to a felony?

( ) Yes, attach explanation ( ) No

Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?

( ) Yes, attach explanation ( ) No

Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?

( ) Yes, attach explanation ( ) No

Have you been subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business, fines or penalties?

( ) Yes, attach explanation ( ) No

Have you been discharged for cause or been requested to resign from any employment position?

( ) Yes, attach explanation ( ) No

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

\_\_\_\_\_  
Signature

SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

AT: \_\_\_\_\_, \_\_\_\_\_  
(CITY) (STATE or COMMONWEALTH)

**PRINT NAME OF NOTARY PUBLIC:****SIGNATURE OF NOTARY PUBLIC:**



**Attachment [C]****EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

| Employer Name and Address | Position/Brief Description of Duties | Start Date | End Date | Reason for Leaving |
|---------------------------|--------------------------------------|------------|----------|--------------------|
|                           |                                      |            |          |                    |
|                           |                                      |            |          |                    |
|                           |                                      |            |          |                    |

**Attachment [D]****LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

| Residential Address | Start Date | End Date |
|---------------------|------------|----------|
|                     |            |          |
|                     |            |          |
|                     |            |          |

## REQUEST TO EXPEDITE ISSUANCE OF LICENSE

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If you currently are licensed and applying for an additional location, you may request that the additional location's license be issued contingent upon the site survey. However, if the license is issued and the site survey reveals an address other than that shown in your application, you will be charged a \$100 relocation fee as provided in LSA-R.S. 9:3561.1(C) (1).

**In addition, you may be ordered to cease those activities or be required to relocate to another location, if the site survey reveals activities which violate LSA-R.S. 9:3515.**

Please list the physical address of the location for which you are applying:

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If you agree with the above conditions, and want the license issued contingent upon the findings of the survey, please sign and date below.

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Signature

---

Date

---

Title

**AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT**  
**(For Corporations, LLCs, and all Out-of-State Entities)**

**Louisiana** Agent for Service of Legal Process:

- (a) Name of Agent: \_\_\_\_\_
- (b) Business Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- (c) Business telephone number: (\_\_\_\_) \_\_\_\_\_

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

\_\_\_\_\_  
Name of Licensee

Signed by: \_\_\_\_\_  
Registered Agent or Authorized Representative

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Should the licensee/registrant change its Agent for Service of Process, a new  
acknowledgement form reflecting such change is required to be submitted to this Office.**

**Attachment [G]**

| <b>ATTACH A SAMPLE PROMISSORY NOTE AND FEDERAL DISCLOSURE STATEMENT FOR EACH TYPE OF LOAN CHECKED BELOW</b> |                         |                       |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| <b>NON REAL-ESTATE LENDING</b>                                                                              | <b>MORTGAGE LENDING</b> | <b>BROKERING</b>      |
| Consumer [   ]                                                                                              | First Mortgage [   ]    | First Mortgage [   ]  |
| Insurance Premium Financing [   ]                                                                           | Second Mortgage [   ]   | Second Mortgage [   ] |
| Small (Payday) [   ]                                                                                        | Home Equity [   ]       | Other Consumer [   ]  |

**Attachment [H]**

| <b>CONTACT FOR SITE SURVEY</b>                                                                                                                                                      |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Individual to contact:                                                                                                                                                              | _____ |
| Phone number:                                                                                                                                                                       | _____ |
| Estimated Opening Date:                                                                                                                                                             | _____ |
| If the date is unknown, give a brief explanation. If the site is under construction, give an estimated date of completion. If the site is ready for immediate inspection, so state. |       |

OFFICE OF FINANCIAL INSTITUTIONS  
POST OFFICE BOX 94095  
BATON ROUGE, LA 70804-9095

**MEMORANDUM**

TO: All Prospective Licensees

FROM: Office of Financial Institutions Consumer Credit Division

RE: Sources of State and Federal Laws and Regulations Governing Consumer Lending

All persons who engage in the business of brokering or extending credit to individuals for personal, family or household purposes are subject to both state and federal laws governing these transactions. The following is a list of the major laws and regulations that affect these transactions and the sources from which copies may be obtained. **It is the applicant's responsibility to obtain all pertinent laws and regulations and adequately train employees to be knowledgeable of those laws and regulations. This list should be kept by the applicant for future reference.**

**STATE LAW:**

The **Louisiana Consumer Credit Law**, a compilation of Louisiana laws governing consumer credit transactions is available from:

Louisiana Finance Association  
11918 Bricksome Avenue, Suite A  
Post Office Box 40183  
Baton Rouge, Louisiana 70835  
Phone: (225) 295-1300

**FEDERAL REGULATIONS:**

Regulation Z - Truth in Lending  
Official Staff Commentary on Regulation Z - Truth in Lending  
Regulation B - Equal Credit Opportunity  
Official Staff Commentary on Regulation B - Equal Credit Opportunity  
Regulation C - Home Mortgage Disclosure  
Fair Credit Reporting Act (available from FTC)  
Fair Debt Collection Practices Act (FTC)  
Federal Trade Commission regulation - Unfair Trade Practices (16 C.F.R. § 444 et. seq) (FTC)

The above information is available from the Board of Governors Federal Reserve System, 20th & C Streets N.W., Washington, DC 20551 **Phone: (202) 452-3000.**

**How to Advertise Consumer Credit HUD address & telephone no.**

Federal Trade Commission  
Division of Credit Practices  
6th and Pennsylvania Avenue, N.W.  
Washington, DC 20580  
Phone: (202) 326-3224

Department of Housing & Urban Development  
Office of Lender Approval  
451 7th Street S.W. Room 9146  
Washington, D.C. 20140  
Phone (202) 708-3976